NSF Organization and Individual Registration For NSF's FastLane System

The following information should only be completed if your organization is not currently registered in NSF's FastLane System. To check if your organization is registered, please visit https://www.fastlane.nsf.gov/n1/N1AddInst.html.

an the mandatory and o	otional documents are	listed.					here		
1. Organization Inform	ation								
*Organization Name:		* Organization Short Name: *		* Organization Type:	* Organization Type:				
*EIN/TIN:	*DUNS	Number:							
Street 1:			Street	2:		1			
*C:+.//	County:		*State	. D	rovince:				
City:	County.		State	·. P	TOVITICE.				
Country:	*Zip / Po	ostal Code:							
Telephone Number:	Fax Nur	nber:	*E-ma	il Address:					
President's Name:		J							
Prefix: First Na	ime:	Middle Nan	ne:	Last N	ame:	Suffix:			
2. FastLane Contact									
Prefix: *First N	*First Name: Middle Name:			*Last I	Name:	Suffix:			
						7]		
Social Security Number:	(If you do not want	to provide vour r	eal Social Sec	urity Number	leave this field empty a	⊔ Lnd NSF's Fastl ar			
	System will general			unity Number,	leave this held empty a	na Nor 3 r asicar			
Telephone Number:	」 Fax Num	ber:	*E-ma	il Address:					
) Individual Information									
3. Individual Information									
Only complete this inform Fo register as an organiz									
my own behalf, and not o	n behalf of a company	, state, tribe, ed	ucational instit	ution or other	organization. The chec	kbox appears bef			
Application Filing Name.	The Grant Application			the mandator	y and optional documer	its are listed.			
Prefix: *First N	ame:	Middle Nan	ne:	*Last I	Name:	Suffix:	1		
Tax ID: Social	•	•			Security Number, leave	this field empty a	nd NSF's		
	F	astLane System	will generate a	a PSEUDO-SS	SN for you.)				
Street 1:			Street	2:					
City: County:			*State	: Р	rovince:				
_	*Zip / Postal C	ode:		_					
Country:									
*Country:		*Telephone Number: Fax Number:				*E-mail Address:			
	Fax Number:	_	*E-ma	il Address:					
	Fax Number:		*E-ma	il Address:					
	Fax Number:			ee Type:		*Dear	ee Year:		

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